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| <b>SERIAL NUMBER</b><br>10/630,929 | <b>FILING OR 371(c) DATE</b><br>07/31/2003<br><b>RULE</b> | <b>CLASS</b><br>313 | <b>GROUP ART UNIT</b><br>2879 | <b>ATTORNEY DOCKET NO.</b><br>1186.1017D |
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/925,648 08/10/2001 PAT 6,632,116  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 11-033932 02/12/1999  
 JAPAN 11-318127 11/09/1999  
 JAPAN 11-319687 11/10/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 01/05/2004**

|  |                                  |                             |                           |                                |
|--|----------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>14 | <b>TOTAL CLAIMS</b><br>12 | <b>INDEPENDENT CLAIMS</b><br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                  |                             |                           |                                |
| Verified and Acknowledged  | Examiner's Signature             | Initials                    |                           |                                |

**ADDRESS**

21171

**TITLE**

PLASMA DISPLAY PANEL AND A BACK PLATE OF A PLASMA DISPLAY PANEL, EACH HAVING A BARRIER FORMING MATERIAL CONTAINING A LOW MELTING POINT GLASS FRIT

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>918 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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